

<i>SERFF Tracking Number:</i>	<i>PHAR-125258614</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025890</i>
<i>Company Tracking Number:</i>	<i>AR-HO-01-08-RU</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Adoption of AAIS Revised HO's Program</i>		
<i>Project Name/Number:</i>	<i>AR-HO-01-08-RU/AR-HO-01-08-RU</i>		

## Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Adoption of AAIS Revised HO's SERFF Tr Num: PHAR-125258614 State: Arkansas

Program

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: AR-PC-07-025890

Sub-TOI: 04.0000 Homeowners Sub-TOI

Co Tr Num: AR-HO-01-08-RU

State Status:

Combinations

Filing Type: Rule

Co Status:

Reviewer(s): Becky Harrington,

Betty Montesi, Brittany Yielding

Author: Kris Laubenthal

Disposition Date: 08/24/2007

Date Submitted: 08/24/2007

Disposition Status: Filed

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

01/01/2008

## General Information

Project Name: AR-HO-01-08-RU

Status of Filing in Domicile: Not Filed

Project Number: AR-HO-01-08-RU

Domicile Status Comments:

Reference Organization: AAIS

Reference Number: AAIS-2007-2; State #AR-PC-07-022827

Reference Title:

Advisory Org. Circular: 07-0775; 07-0223

Filing Status Changed: 08/24/2007

State Status Changed: 08/24/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Pharmacists Mutual Insurance Company is a member of AAIS for our homeowners program in your state. The purpose of this filing is to adopt AAIS' recent homeowners form, endorsement and rule revision. In addition, we are updating our Exceptions Pages. Please refer to the attached filing memorandum for more information.

## Company and Contact

<i>SERFF Tracking Number:</i>	<i>PHAR-125258614</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025890</i>
<i>Company Tracking Number:</i>	<i>AR-HO-01-08-RU</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Adoption of AAIS Revised HO's Program</i>		
<i>Project Name/Number:</i>	<i>AR-HO-01-08-RU/AR-HO-01-08-RU</i>		

### **Filing Contact Information**

Lori Stokes,  
 PO Box 370 (800) 247-5930 [Phone]  
 Algona, IA 50511 () -[FAX]

### **Filing Company Information**

Pharmacists Mutual Insurance Company	CoCode: 13714	State of Domicile: Iowa
808 Highway 18 West	Group Code: 775	Company Type: Mutual
P.O. Box 370		
Algona, IA 50511	Group Name:	State ID Number:
(800) 247-5930 ext. [Phone]	FEIN Number: 42-0223390	

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### **Filing Fees**

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$0.00	08/24/2007	

### **State Specific**

Check\_No: n/a  
 Check\_Amt: n/a  
 Check\_Rec: n/a

<i>SERFF Tracking Number:</i>	<i>PHAR-125258614</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025890</i>
<i>Company Tracking Number:</i>	<i>AR-HO-01-08-RU</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Adoption of AAIS Revised HO's Program</i>		
<i>Project Name/Number:</i>	<i>AR-HO-01-08-RU/AR-HO-01-08-RU</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Becky Harrington	08/24/2007	08/24/2007

<i>SERFF Tracking Number:</i>	<i>PHAR-125258614</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025890</i>
<i>Company Tracking Number:</i>	<i>AR-HO-01-08-RU</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Adoption of AAIS Revised HO's Program</i>		
<i>Project Name/Number:</i>	<i>AR-HO-01-08-RU/AR-HO-01-08-RU</i>		

## Disposition

Disposition Date: 08/24/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PHAR-125258614</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025890</i>
<i>Company Tracking Number:</i>	<i>AR-HO-01-08-RU</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Adoption of AAIS Revised HO's Program</i>		
<i>Project Name/Number:</i>	<i>AR-HO-01-08-RU/AR-HO-01-08-RU</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Filed	Yes
<b>Supporting Document</b>	HPCS-Homeowners Premium Comparison Survey	Filed	No
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	No
<b>Supporting Document</b>	Filing Memorandum	Filed	Yes
<b>Rate</b>	Homeowners Program Manual	Filed	Yes

<i>SERFF Tracking Number:</i>	<i>PHAR-125258614</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025890</i>
<i>Company Tracking Number:</i>	<i>AR-HO-01-08-RU</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Adoption of AAIS Revised HO's Program</i>		
<i>Project Name/Number:</i>	<i>AR-HO-01-08-RU/AR-HO-01-08-RU</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PHAR-125258614</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025890</i>
<i>Company Tracking Number:</i>	<i>AR-HO-01-08-RU</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Adoption of AAIS Revised HO's Program</i>		
<i>Project Name/Number:</i>	<i>AR-HO-01-08-RU/AR-HO-01-08-RU</i>		

## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Attachments Number:</b>
Filed	Homeowners Program Exceptions 1-3 Manual	1-3	Replacement	CW HO Exception Pages 01-08.pdf

**PHARMACISTS MUTUAL INSURANCE COMPANY**  
**HOMEOWNERS PROGRAM MANUAL**  
**COUNTRYWIDE**

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**Rule 3.5 has been withdrawn and replaced by the following:**

**3.5 Waiver of Premium**

An additional or return premium due when a policy is endorsed after its inception may be waived, however, return premiums must be refunded at the request of the insured. If the additional premium is less than \$5.00 it will be waived. If the return premium is less than \$5.00 it will be waived.

**Rule 4.10 has been added:**

**4.10 Personal Package Discount**

If an insured has their Personal Auto and Homeowners/Renters policies with Pharmacists Mutual a premium credit will be given according to the following rules:

1. **Eligibility** - This rule applies only if Personal Auto and Homeowners/Renters policies are written for the same named insured with Pharmacists Mutual.
2. **Premium Discount** - A 5% credit shall apply separately to each policy, after application of all other premium modifications.
3. **Policy Term** - Policies should be written with concurrent inception or expiration dates if possible.

**Rule 6.1 has been withdrawn and replaced by the following:**

**6.1 Protective Devices**

A premium credit can be given for the installation of approved and properly maintained alarm and/or sprinkler systems. Refer to the company for alarm and sprinkler system eligibility requirements.

**Premium Determination** – Use the pertinent factor(s) shown in the table for this rule to adjust the premium.

<u><b>Protective Device</b></u>	<u><b>FACTOR</b></u>
Central Station Alarms	
Burglary	0.95
Fire	0.95
Water and/or Temperature Variance Detection	0.95
Fire Department Alarms	0.97
Police Department Alarms	0.97
Local Alarms	0.98
Local Water and/or Temperature Variance Detection Alarms	0.98
Sprinkler Systems	0.97

**Endorsement** - Attach endorsement HO 6516.



**PHARMACISTS MUTUAL INSURANCE COMPANY**  
**HOMEOWNERS PROGRAM MANUAL**  
**COUNTRYWIDE**

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**Rule 6.5 Automatic Adjustments of Limits - has been withdrawn and replaced by the following:**

**6.5 Automatic Adjustments of Limits – Forms HO 0001, HO 0002, HO 0003, And HO 0005**

The limits that apply to Coverages A, B, C, and D can be automatically increased on an annual basis.

**Premium Determination** – Use the pertinent factor shown in the table for this rule to adjust the premium.

<u>ANNUAL INCREASE</u>	<u>FACTOR</u>
4.0%	1.000
6.0%	1.025
8.0%	1.030
Each Additional 2%	Add 0.010

**Endorsement** - Attach endorsement HO 2584 and make an entry to show the annual percentage increase that applies.

**Rule 7.2 has been withdrawn and replaced by the following:**

**7.2 Water Back Up and Sump Discharge or Overflow**

Coverage for direct physical loss caused by water or matter present in water that backs up through sewers or drains or overflows or discharges from a sump, sump pump or related equipment can be added. Coverage is available in increments of \$1,000, up to a maximum of \$10,000 per location. A \$250 deductible applies to the total of all loss, other than loss covered under Coverage D.

**Premium Determination** – Use the rating information shown below.

<u>RATE</u>
Per \$1,000 of Insurance \$8.00

**Endorsement** - Attach endorsement PM 1511.

**PHARMACISTS MUTUAL INSURANCE COMPANY**  
**HOMEOWNERS PROGRAM MANUAL**  
**COUNTRYWIDE**

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**Rule 7.9.7 has been withdrawn and replaced by the following:**

**7.9.7 Scheduled Personal Property – Forms HO 0001, HO 0002, HO 0003, HO 0004, HO 0005, And HO 0006**

Coverage for scheduled personal property categories listed below can be provided against all risks of direct physical loss, with certain exceptions.

**Premium Determination** - Use the pertinent rate(s) shown in the table below to adjust the premium.

<b><u>CATEGORY</u></b>	<b><u>RATE per \$100</u></b>
Audio/Video Equipment	<b>2.00</b>
Sports/Hobby Equipment	<b>1.50</b>
Collectibles/Memorabilia	<b>1.50</b>
Medical Equipment	<b>1.50</b>
Guns	<b>2.00</b>

**Endorsement** – Attach endorsement HO 3061. Make entries to describe the covered property and show the limits and premiums that apply.

SERFF Tracking Number: PHAR-125258614 State: Arkansas  
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Company Tracking Number: AR-HO-01-08-RU  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Adoption of AAIS Revised HO's Program  
Project Name/Number: AR-HO-01-08-RU/AR-HO-01-08-RU

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 08/24/2007

**Comments:**

**Attachment:**

NAIC Transmittal Doc AR-HO-01-08.pdf

**Bypassed -Name:** HPCS-Homeowners Premium Comparison Survey **Review Status:** Filed 08/24/2007

**Bypass Reason:** As this filing is only to adopt the manual revision and update our Exception Pages, this supporting document isn't applicable.

**Comments:**

**Bypassed -Name:** NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 08/24/2007

**Bypass Reason:** There are no loss costs to adopt with this filing.

**Comments:**

**Satisfied -Name:** Filing Memorandum **Review Status:** Filed 08/24/2007

**Comments:**

**Attachment:**

CW HO Rule Filing Mem 01-08.pdf

**Property & Casualty Transmittal Document (Revised 1/1/05)**

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>			
	a. Date the filing is received:			
	b. Analyst:			
	c. Disposition:			
	d. Date of disposition of the filing:			
	e. Effective date of filing:			
	f. State Filing #:			
	g. SERFF Filing #:			

<b>3. Group Name</b>				<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	

<b>5. Company Tracking Number</b>	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer				

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: _____ Renewal: _____
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

20.	This filing transmittal is part of Company Tracking #	
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<b>21.</b>	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div data-bbox="116 1407 259 1474"> <p><b>Check #:</b></p> <p><b>Amount:</b></p> </div> <div data-bbox="87 1732 1497 1799"> <p><b>Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.</b></p> </div>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**(This form must be provided **ONLY** when making a filing that includes forms)(Do not refer to the body of the filing for the forms listing.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) (**Do not refer to the body of the filing for the forms listing.**) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>			
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)			
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)				
<b>3.</b>	<b>Overall percentage rate impact for this filing</b>			<b>%</b>
<b>4.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>			
<b>5.</b>	<b>Effect of Rate Filing – Number of policyholders</b>			
<b>6.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>			
<b>7.</b>	<b>Rate Change by Company</b>			
	<b>Company Name</b>	<b>Percentage Change for this program</b>	<b># of policyholders for this program</b>	<b>Written premium for this program</b>
<b>8.</b>	<b>Overall percentage of last rate revision</b>			<b>%</b>
<b>9.</b>	<b>Effective Date of last rate revision</b>			
<b>10.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>			
<b>11.</b>	<b>Exhibit Name/Description /Synopsis</b>	<b>Rule # or Page #</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)





# **PHARMACISTS MUTUAL INSURANCE COMPANY**

## **Homeowners COUNTRYWIDE Rate/Rule Filing Memorandum**

Pharmacists Mutual Insurance Company (PhMIC) is filing revised Exception Pages in conjunction with the adoption of AAIS's HO Revision Filing AAIS-2007-2.

### **Exception Page Revisions**

In general, the revisions relate to changes in AAIS's underlying manual. We have followed AAIS's lead in rule format by stating the general rule, listing any premium determination rules, and then the related endorsement reference. Changes noted are as compared to PhMIC Exception Pages 05-06.

1. Rule 3.5 Waiver of Premium – no change
2. Rule 4.10 Personal Package Discount – no change
3. Rule 6.1 Protective Devices – no change to devices listed or rating factors; wording revised to follow AAIS format, and endorsement reference changed from ML-216 to HO 6516.
4. Rule 6.5 Automatic Adjustment of Limits - no change to rule or rating factors; AAIS rule number changed from Rule 6.6 to 6.5; wording revised to follow AAIS format, and endorsement reference changed from ML-184 to HO 2584.
5. Rule 7.2 – Water Back Up and Sump Discharge or Overflow - no change to rule or rate; AAIS rule number changed from Rule 7.3 to 7.2; wording revised to follow AAIS format, and endorsement reference changed from PMHO-208 to PM 1511.
6. Rule 7.9.7 – Scheduled Personal Property – company rates added for scheduled personal property categories not specifically identified in the HO policy forms; wording follows AAIS format.